



COLORADO STATE EMPLOYEE ASSISTANCE PROGRAM

FISCAL YEAR 2003-2004 PROGRAM REPORT

Colorado Department of Personnel & Administration

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DPA

C-SEAP 2004 PROGRAM REPORT

Executive Summary

The Program: CRS 24-50-604 provides the statutory authorization for C-SEAP, the DPA administered Colorado State Employee Assistance Program. C-SEAP provides two primary services within Colorado state government: organizational assistance (OA) and employee assistance (EA). OA provides a system-wide approach to the comprehensive management of behavioral risk through consultation and problem solving regarding morale, workplace conflict, violence risk, sexual harassment, performance management, and many other workplace issues. OA also addresses performance improvement and skills development for a more positive workplace. Tools offered to supervisors, managers, and HR professionals include consultation, coaching, employee referral, conflict resolution, facilitated groups, workshops, crisis intervention, and ongoing classes. EA services are designed to maintain and strengthen the health and productivity of individual employees through assessment, short-term counseling, coaching, and referral. EA addresses work-related problems that affect job performance; personal problems to help reduce the impact these problems have on the employee, the workplace, and coworkers; work/life balance; and personal/career goal attainment.

C-SEAP also works in conjunction with the Colorado State Employee's Credit Union to collect and distribute food and money to state employees in need. This year, \$28,942 was distributed, an increase of \$2,942 over last year. Over 1,000 bags of food were provided for 150 families. All food was donated *by* state employees *for* state employees. The annual CSECU golf tournament raised \$8,400 for the C-SEAP Emergency Fund.

The Staff: The C-SEAP staff consists of 4.5 FTE: the program director, five part-time masters-level counselors, one full-time doctoral-level counselor, and a part-time administrative assistant. During FY'04, internships were in place with two second-year masters degree candidates from DU and two psychology doctoral candidates from CSPP.

The Location: Employees in the greater Denver metro area may visit C-SEAP offices at 225 E. 16th Avenue, Suite 600. This location provides privacy and convenience. C-SEAP offices are also located at the School for the Deaf and the Blind in Colorado Springs, Pueblo Community College in Pueblo, the Regional Center in Grand Junction, and Northeastern Junior College in Sterling. A toll-free phone line is available statewide.

The Budget: C-SEAP's annual budget for fiscal year 2004 was approximately \$435,217. Based on an employee base of approximately 49,500, C-SEAP was able to provide quality EAP services for \$8.79 per employee per year, well below the national average of \$14-\$25 per employee per year for employers with over 5,000 employees. (Source: Employee Assistance Professional Association, Arlington, VA)

The Results: Total utilization for FY 2004 was 6,021, a 21% increase over FY 2003. The program saw a 47% increase in individual manager/supervisor consultations (157 more consultations than during FY'03), and a 37% increase in the number of group participants (940 more participants than during FY'03). Total contacts translate into savings of over \$5 million dollars in liability employment lawsuits, worker's compensation stress claims, lost productivity, and training/recruitment costs. (Source: US Department of Labor)

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I. Introduction

This program report provides a description of the Colorado State Employee Assistance Program (C-SEAP) activities during the 2004 fiscal year. It reflects C-SEAP's role as a resource for Colorado state managers, supervisors, and employees.

What is the Mission of C-SEAP?

C-SEAP is a cost-effective human resource management tool that helps to maintain and strengthen the health and productivity of state employees and state agencies. C-SEAP is also a behavioral risk management program for the State of Colorado. The program's overall goal is to address workplace issues and personal problems before they impact productivity, safety, relationships at work, healthcare costs, absenteeism and accident rates. One of the principal aims of DPA is to serve the employees who keep Colorado state government running, to recognize the human side of our highly technological service delivery system. The program's official mission statement is: To provide a diverse array of services based in the behavioral sciences integrating organizational and individual assistance to optimize the productivity, safety, and well being of the state workforce.

C-SEAP provides an alternative to the traditional approach of identifying, warning, and terminating troubled or problematic employees. C-SEAP offers a place for employees, supervisors, and managers to discuss problems, explore solutions, and solve workplace-based concerns. The C-SEAP staff has extensive experience and training in mental health and wellness as well as interpersonal, team, and departmental conflict resolution. When work units are not functioning effectively and efficiently, C-SEAP is available to provide problem assessment, referral information, counseling, consultation, training, and/or mediation in order to restore stability, safety, and peak performance.

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What are the Basic C-SEAP Services?

There are five core C-SEAP services:

- Assessment, short-term counseling, coaching, appropriate follow-up, and/or referral to external resources;
- Consultation with supervisors, managers, and HR professionals regarding difficult or potentially dangerous employee or work group situations and coaching regarding the process of referring employees to C-SEAP;
- Orientations, workshops, classes, and groups to increase knowledge and skills regarding interpersonal and psychological factors in the workplace, to educate employees and managers about EAP services, and to facilitate group problem-solving, communication, and teambuilding;
- Crisis intervention and support for individuals or work groups experiencing work-related trauma or loss; and,
- Conflict resolution/mediation services for employees, supervisors, and managers.

What are the Benefits of Employee Assistance Programs?

Numerous studies consistently demonstrate the benefits of Employee Assistance Programs (Source: Employee Assistance Professional Association, Substance Abuse and Mental Health Services Administration). EAPs have been shown to:

- Enhance productivity of employees;
- Help employees/organizations cope with workplace crisis situations;
- Help employees learn to deal with anger, conflict, change, and stress in productive ways instead of negative ways that deteriorate working relationships, reduce productivity, and compromise safety;
- Help managers and supervisors resolve difficult or dangerous employee or work group situations;
- Assist with addiction problems;
- Reduce costs associated with employee discipline and behavior issues;
- Reduce sick leave and medical claims costs;

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- Reduce risk management costs as they relate to workplace accidents and worker's compensation stress claims.

This report contains a separate section detailing cost savings generated by C-SEAP.

II. Program Overview

One of the objectives of the Colorado State Employee Assistance Program is to retain valued employees who develop behavioral problems that may impact performance and relationships with coworkers. As an employer, it is advantageous for the state to stop the deterioration of job performance for troubled employees and help them regain their effectiveness. The program, however, does not replace personnel actions deemed appropriate by appointing authorities.

Through C-SEAP, an employee may, by his/her own initiative or by referral from his/her supervisor, seek and obtain confidential, professional assistance for a wide range of work-related/personal problems including:

- Workplace relationship issues
- Performance problems
- Alcohol/drug abuse
- Anxiety and depression
- Stress
- Marital or family issues that are affecting job performance and work productivity

Because family problems frequently impact an employee's performance, the program may request the participation of other persons if necessary to provide effective assistance to the employee.

Program Services

Employee Assistance generally involves three steps:

- (1) A confidential, personal meeting with a C-SEAP staff member to assess and evaluate the situation;

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- (2) Short-term counseling, coaching, problem-solving guidance, and/or referral coordination with the employee's health care provider or another community resource;
- (3) Follow-up activities with the employee, the referral resource, and the supervisor (if involved, and with a signed release of information) to ensure satisfactory resolution of the problem.

For those employees requesting workplace conflict resolution, sessions are arranged with the cooperation of both parties involved in the conflict.

Organizational Assistance, provided to HR/Risk Management professionals and state managers/supervisors, also generally involves three steps:

- (1) A confidential consultation (often by phone) with a C-SEAP staff member regarding a difficult and/or potentially dangerous employee/work unit situation;
- 2) Formulation, with a C-SEAP staff member, of an action plan that may include one or more of the following: counseling or anger education for a troubled employee; workplace group facilitation (ex: grief group following an accidental employee death or team-building following downsizing or reorganization); workplace conflict resolution (mediation between two or more employees or between a supervisor/manager and an employee); an improved strategy for communicating with an employee or enhancing workplace functioning of distressed employees and work groups; a C-SEAP workshop devoted to a specific topic like change management, coping effectively with stress, or workplace violence prevention; or organizational crisis intervention (ex: debriefing group following a death in the workplace);
- 3) Follow-up by C-SEAP regarding efficacy of the consultation/action plan.

Staff

The C-SEAP staff consists of 4.5 FTE: the program director, five part-time masters-level counselors, one full-time doctoral-level counselor, and an administrative assistant. In addition, a *practicum* field placement for master's or doctorate level candidates is ongoing in cooperation with several universities: University of Denver, University of

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Colorado at Denver, University of Colorado at Colorado Springs, University of Northern Colorado, and Colorado State University. Candidates work 20 hours per week under the supervision of a C-SEAP staff member. This program is more than a placement device for such students. C-SEAP is recognized in Colorado as an excellent training site for individuals interested in EAP-related careers. Many former interns have successfully secured employment in the EAP field. New this year, C-SEAP has developed an internship site for Doctor of Psychology (PsyD) candidates through the Colorado School of Professional Psychology in Colorado Springs. Beginning March 2004, two PsyD candidates began their internships with C-SEAP, each working 24-30 hours per week either at the Colorado Springs or Denver locations.

Program Accessibility

Employees may call C-SEAP's toll-free number from anywhere in Colorado. Appointments are necessary at all C-SEAP's statewide offices and may be easily arranged by phone. Telephone consultations, in lieu of face-to-face appointments, are also available.

Metro Denver

Employees in the greater Denver metro area may visit C-SEAP offices at 225 E. 16th Avenue, Suite 600, Denver, Colorado. This location provides privacy and convenience. Business hours are from 8:00-5:00 Monday through Friday. Two counselors and two interns are available in the Denver office.

Southern Colorado

Two part-time counselors are available to work with employees in southern Colorado. Office space is provided through the cooperation of the School for the Deaf and the Blind in Colorado Springs as well as Pueblo Community College in Pueblo. Plans are under way to develop an internship site in Pueblo.

Northern Colorado

One half-time counselor, housed at Northeastern Junior College in Sterling as well as a private office in Brighton, provides services to employees living in Northern Colorado.

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Western Slope

Western slope coverage is available through one half-time counselor located at the Grand Junction Regional Center in Grand Junction.

Advisory Council

An Advisory Council comprised of representatives from the various state departments serves as liaison between C-SEAP and members' respective departments. This relationship helps foster program development, utilization, and advocacy. The Advisory Council meets three times a year at C-DOT in Denver.

The Council is instrumental in many ways. It has helped to:

- Develop C-SEAP workshops and outreach efforts;
- Provide departmental strategies for funding; and,
- Serve as a forum for program planning and evaluation.

During fiscal year 2004, the Council provided invaluable support and guidance to assure the smooth operation of the program. A list of members is available upon request.

Program Networking

The C-SEAP staff regularly interacts with other state agencies and resources. For example, C-SEAP works with the State Mediation Program, the State Benefits Unit, the State Risk Management office, departmental training programs throughout the state, various state wellness committees, and departmental employee council groups.

C-SEAP staff members participate in EAP-related professional association meetings, and are often called on to:

- Consult with other states;
- Share information with other local EAPs; and
- Act as speakers and trainers for EAP-related conferences and workshops.

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Budget

C-SEAP's annual budget for FY 2004 was \$435,217. Based on an employee base of approximately 49,500, C-SEAP was able to provide a full range of EAP services at a cost of \$8.79 per employee for FY 2004, well below the national annual average of \$14-\$25 per employee for employers with over 5,000 employees. (Source: Employee Assistance Professional Association, Arlington, VA)

As per 24-50-604(1), Colorado Revised Statutes, funding for the program for FY'04 and any fiscal year thereafter, may include, but need not be limited to, the group benefit plans reserve fund created in section 24-50-613, the risk management fund created in section 24-30-1510, and interest derived from the investment of said funds. C-SEAP's FY 2004 budget was funded entirely by the state risk management fund.

III. Program Services

During FY 2004, C-SEAP services reached 6,021 people (including 280 non-employees), a 21% increase over FY 2003. Individual non-clinical services (organizational consultations) increased by 47%, a clear indication that managers, supervisors, and HR professionals value and use C-SEAP. Group participation jumped by 37%, a reflection of growing interest in C-SEAP training, mediation, group facilitation, and crisis intervention. Clinical services (individual counseling) remained about the same as FY 2003 with over 2000 cases.

A summary of utilization for FY 2004 follows as well as a description of presenting problems (clinical and non-clinical), gender, job classification, years of service, health plan enrollment, and age. Comprehensive individual departmental utilization reports are available upon request.

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FY 2004 Program Services

Total Contacts	6,021
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Type of Contact

Clinical Services (Individual):

Total number of clients	2,070
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Employee	1,790
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Non-Employee	280
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Number of continuing active clients	883
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Employee	753
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Non-Employee	130
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Number of new clients this period	1,187
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Employee	1,037
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Non-Employee	150
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Closed clients	945
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Employee	832
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Non-Employee	113
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Non-clinical Services (Individual):

Total number of clients	488
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Number of continuing active clients	117
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Number of new clients this period	371
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Closed clients	363
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Non-clinical Services (Group):

Total number of group participants	3,463
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Total number of groups	218
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Clinical Intake And Utilization Information:

Primary Problem	Employees	%	Non-Employees	%	Total	%
Significant Relationships/Family Issues	801	44.75%	224	80.00%	1025	49.52%
Workplace Relationship Issues	251	14.02%	1	0.36%	252	12.17%
Depression, Sadness, Tiredness	129	7.21%	10	3.57%	139	6.71%
Stress	116	6.48%	6	2.14%	122	5.89%
Other Work Related Issues (ex: Physical Environment)	60	3.35%	1	0.36%	61	2.95%
Job Jeopardy	50	2.79%			50	2.42%
Alcohol or Other Drugs	46	2.57%	2	0.71%	48	2.32%
Loss or Death of a Family Member or Significant Other	37	2.07%	8	2.86%	45	2.17%
Anger, Hostility, Bad Temper	38	2.12%	6	2.14%	44	2.13%
Anxiety, Nervousness, Worry	42	2.35%	2	0.71%	44	2.13%
Performance Management Issues	41	2.29%	1	0.36%	42	2.03%
Workplace Violence	31	1.73%			31	1.50%
Other	19	1.06%	2	0.71%	21	1.01%
Work/Life Issues	18	1.01%	2	0.71%	20	0.97%
Medical	15	0.84%	1	0.36%	16	0.77%
Domestic Violence	11	0.61%			11	0.53%
Worker's Compensation/Disability Issues	10	0.56%	1	0.36%	11	0.53%
Suicidal Ideation	9	0.50%	1	0.36%	10	0.48%
Money, Any Type of Problem Related To	9	0.50%			9	0.43%
Alcohol/Drug Use by Family Member or Significant Other	7	0.39%	1	0.36%	8	0.39%
Poor Concentration and/or Attention	8	0.45%			8	0.39%
Client Death	3	0.17%	4	1.43%	7	0.34%
Sexual Harassment	7	0.39%			7	0.34%
Workplace Harassment	6	0.34%			6	0.29%
Frequently Unable to Sleep	5	0.28%			5	0.24%
Homicide	2	0.11%	3	1.07%	5	0.24%
Disciplinary Action	4	0.22%			4	0.19%
Legal	2	0.11%	2	0.71%	4	0.19%
Physical	3	0.17%			3	0.14%
Rape/Sexual Assault	2	0.11%	1	0.36%	3	0.14%
Sex or Sexual Situations	2	0.11%	1	0.36%	3	0.14%
Sexual Identity	3	0.17%			3	0.14%
Death of a Co-Worker	1	0.06%			1	0.05%
Drug Free Workplace	1	0.06%			1	0.05%
Poor Self-esteem, Lack of Confidence	1	0.06%			1	0.05%
Total	1790	100.00%	280	100.00%	2070	100.00%

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Referral Source	Employees	%	Non-Employees	%	Total	%
Self	857	47.88%	129	46.07%	986	47.63%
Supervisor	287	16.03%	13	4.64%	300	14.49%
Data Not Available	128	7.15%	47	16.79%	175	8.45%
Peer Who Used C-SEAP Services	131	7.32%	13	4.64%	144	6.96%
HR	89	4.97%	9	3.21%	98	4.73%
Publication - C-SEAP Brochure	80	4.47%	11	3.93%	91	4.40%
Other	51	2.85%	30	10.71%	81	3.91%
Other Peer	57	3.18%	4	1.43%	61	2.95%
C-SEAP Orientation	36	2.01%	10	3.57%	46	2.22%
Publication – Other	28	1.56%	8	2.86%	36	1.74%
Publication – Stateline	24	1.34%	4	1.43%	28	1.35%
CSEAP Presentation/Workshop	13	0.73%			13	0.63%
Employee Association	5	0.28%	2	0.71%	7	0.34%
Publication – Advisor	2	0.11%			2	0.10%
Supervisor – SCP Training	2	0.11%			2	0.10%
Total	1790	100.00%	280	100.00%	2070	100.00%

Gender	Employees	%	Non-Employees	%	Total	%
Female	1136	63.46%	160	57.14%	1296	62.61%
Male	653	36.48%	98	35.00%	751	36.28%
Data Not Available	1	.06%	22	7.86%	23	1.11%
Total	1790	100.00%	280	100.00%	2070	100.00%

Job Classification	Employees	%	Non-Employees	%	Total	%
Professional	529	29.55%	77	27.50%	606	29.28%
Administrative	291	16.26%	24	8.57%	315	15.22%
Protective Services	230	12.85%	24	8.57%	254	12.27%
Technical	183	10.22%	18	6.43%	201	9.71%
Management	145	8.10%	32	11.43%	177	8.55%
Trades	111	6.20%	22	7.86%	133	6.43%
Clerical	114	6.37%	16	5.71%	130	6.28%
Data Not Available	80	4.47%	49	17.50%	129	6.23%
Personal Services	87	4.86%	11	3.93%	98	4.73%
Other	20	1.12%	7	2.50%	27	1.30%
Total	1790	100.00%	280	100.00%	2070	100.00%

Utilization By Client		
Client	Number	%
Employee	1790	86.47%
Spouse	195	9.42%
Dependent Child	71	3.43%
Other	6	0.29%
Dependent Adult	5	0.24%
Data Not Available	3	0.14%
Total	2070	100.00%

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Years of State Employment	Employees	%	Non-Employees	%	Total	%
1 – 5 Years	655	36.59%	81	28.93%	736	35.56%
6 – 10 Years	341	19.05%	43	15.36%	384	18.55%
11 – 15 Years	228	12.74%	32	11.43%	260	12.56%
Data Not Available	150	8.38%	68	24.29%	218	10.53%
16 – 20 Years	153	8.55%	19	6.79%	172	8.31%
Less Than 1	137	7.65%	20	7.14%	157	7.58%
Over 21 Years	126	7.04%	17	6.07%	143	6.91%
Total	1790	100.00%	280	100.00%	2070	100.00%

Health Plan Enrollment	Employees	%	Non-Employees	%	Total	%
Anthem Centennial PPO	533	29.78%	96	34.29%	629	30.39%
Kaiser HMO	411	22.96%	67	23.93%	478	23.09%
Data Not Available	221	12.35%	38	13.57%	259	12.51%
PacifiCare HMO	165	9.22%	25	8.93%	190	9.18%
Non-State Sponsored Health Coverage	138	7.71%	17	6.07%	155	7.49%
No Health Coverage	87	4.86%	7	2.50%	94	4.54%
Cigna HMO	76	4.25%	9	3.21%	85	4.11%
Aetna HMO	68	3.80%	5	1.79%	73	3.53%
Other	37	2.07%	4	1.43%	41	1.98%
Rocky Mountain HMO	28	1.56%	8	2.86%	36	1.74%
Anthem Liberty EPO	24	1.34%	4	1.43%	28	1.35%
San Luis Valley HMO	2	0.11%			2	0.10%
Total	1790	100.00%	280	100.00%	2070	100.00%

Age	Employees	%	Non-Employees	%	Total	%
40-49	596	33.30%	83	29.64%	679	32.80%
30-39	509	28.44%	66	23.57%	575	27.78%
50-59	365	20.39%	50	17.86%	415	20.05%
20-29	163	9.11%	35	12.50%	198	9.57%
Data Not Available	120	6.70%	16	5.71%	136	6.57%
60-69	34	1.90%	3	1.07%	37	1.79%
Under 20	2	0.11%	27	9.64%	29	1.40%
70 and up	1	0.06%			1	0.05%
Total	1790	100.00%	280	100.00%	2070	100.00%

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Non-clinical Intake and Utilization Information:

Primary Problem Categories		
Primary Problem	Number	%
Problem with Employee(s)-Workplace Relationship Issues	76	15.57%
Technical Assistance	75	15.37%
Training Request	75	15.37%
Problem with Employee(s)-Crisis Situation	49	10.04%
Problem with Employee(s)-Workplace Violence	40	8.20%
Problem with Employee(s)- Anger Issues	36	7.38%
Problem with Employee(s)-Performance Issues	32	6.56%
Problem with Employee(s)-Emotional Issues	24	4.92%
Other	21	4.30%
Problem with Employee(s)-Suspected Substance Abuse	19	3.89%
Drug-Free Workplace	15	3.07%
Problem with Employee(s)-Domestic Violence	7	1.43%
Problem with Employee(s)-Tardiness/Absenteeism	5	1.02%
Workplace Harassment	5	1.02%
Problem with Employee(s)-Sig. Relationships/Family Issues	3	0.61%
Money Request	2	0.41%
Sexual Harassment	2	0.41%
Work/Life Issues	2	0.41%
Total	488	100.00%

Utilization by Gender		
Gender	Number	%
Female	327	67.01%
Male	161	32.99%
Total	488	100.00%

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IV. Narrative/Comments

A more comprehensive understanding of C-SEAP's activities during the fiscal year is gained by looking beyond the statistics found in the preceding section of this report.

Acceptance and appreciation for C-SEAP continues to grow, as evidenced by increasing utilization. This can be attributed to several factors:

- A 25-year history of providing direction, training, guidance, support and education to the Colorado State Personnel System;
- Support of the Advisory Council members and their advocacy within their specific departments;
- Increasing referrals by managers and supervisors as an effective management tool;
- Publicity in state newsletters and publications (e.g., DPA's "Advisor," Employee Open Enrollment Information, Stateline, various Departmental Newsletters);
- Referrals of employees by peers who have used C-SEAP (131 this year); and
- Awareness of C-SEAP as a tested benefit.

Many departments routinely include C-SEAP brochures in their new employee orientation packets. C-SEAP information is also included in the State Employee Handbook.

Management Consultations

Most supervisors consider dealing with job performance problems the most difficult part of their jobs. Often, when the performance of a valuable employee starts slipping, the supervisor may be tempted to cover up, sympathize, deny or ignore the performance problem, hoping the difficulty will simply go away. This not only creates stress for the supervisor, but also does nothing to provide the employee with the help she or he may really need.

C-SEAP is a management tool. C-SEAP confidential coaching and consulting during the 2004 fiscal year enabled supervisors to successfully handle more situations

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themselves and/or make appropriate referrals to C-SEAP. C-SEAP professionals worked directly with 488 supervisors, managers, and HR professionals this fiscal year (up by 157 from fiscal year 2003), and over 378 employees were referred to C-SEAP by their supervisor or HR office. By offering professional and confidential HR/management consultations, C-SEAP provided a positive alternative that helped supervisors and managers do what they are paid to do: supervise job performance and enhance the work environment. Over 38% of this year's management consults focused on workplace relationship issues, employee emotional issues, anger issues, workplace violence, domestic violence, and harassment, thus reducing the potential for workplace crisis. Over 10% of this year's management consults (49 consults) were related to an imminent crisis situation, often involving a concern about employee safety (example: suicidal ideation being expressed at work). C-SEAP helped save lives during this fiscal year.

Job Classifications

There was minimal change in the percentages of job classes represented in C-SEAP's program utilization. The cross-section shows acceptance and use of the program at all levels within the state system.

During the 2004 fiscal year, professional and management classifications represented over 37% of the total number of C-SEAP clinical admissions (individual counseling admissions) and 100% of non-clinical admissions, representing a significant use of C-SEAP by this group (1,162 employees).

Reporting

Staff members outside the metro area maintain their own data and, on a regular basis, transmit regional data to the central office for reporting purposes. Confidentiality remains a priority in any C-SEAP information exchange; HIPAA security regulations are being honored.

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Referrals/Community Agencies

Because C-SEAP provides short-term counseling (6 session model, average number of sessions=2.34) and does not provide long-term treatment, the staff continually investigates and evaluates community agencies and resources for referral purposes. Employees seek information about a wide variety of topics, and C-SEAP has established files that are continually updated to provide an effective referral network. During recent years, C-SEAP has developed mutually beneficial working relationships with each of the state's health plan vendors in order to strengthen referral coordination, trouble shoot problem areas, and assure smooth transitions into treatment. It is significant to note that if the 1,790 employee clients this year were to have sought assistance through their health insurance instead of through C-SEAP, the cost (for 2.34 sessions at \$75.00, a conservative industry hourly rate) would have been \$314,145 (1,790 clients X 2.34 = 4,188 X \$75.00/hour = \$314,145 diverted from insurance claims).

C-SEAP and CSECU

The Colorado State Employee's Credit Union (CSECU) established the C-SEAP Emergency Fund in order to assist state employees during times of financial crisis. C-SEAP was instrumental in this program's inception, design and implementation. Advisory Council members developed criteria for assistance.

The fund has expanded to include a food bank that provides non-perishable food items to state employees during the holidays and throughout the year. All food is donated *by state employees for state employees*, a tribute to the generosity of the Colorado state government workforce. CSECU sponsors other activities to help generate money for the fund, including an annual golf tournament. This year's tournament raised \$8,400. State employees also make financial contributions. Thanks to CSECU, C-SEAP dispensed \$28,942 during FY'04, an increase of \$2,942 over the previous year.

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V. Program Evaluation

Utilization Rate

Utilization rate, the percentage of employees using C-SEAP services, represents one way to measure program success. During FY'04, C-SEAP services were available to approximately 49,500 eligible state employees out of approximately 71,900 employees statewide. C-SEAP does not have enough staff to provide offices in every geographic area. The following agencies provide their own EAP services: CU Boulder, CSU, Ft. Lewis College in Durango, Western State College in Gunnison, and C-DOT in Durango and Alamosa only. In reality, C-SEAP provides some training and consultation for these agencies, but in-person counseling services are not available. Due to the codification of C-SEAP, the program director is working to assure that proper individual counseling services are provided by external EAPs. Contracts and agreements with external EAPs are reviewed in order to assure that the following minimum requirements are met: services are limited to state employees (family members participate only when necessary to serve state employees); a six-session model is offered; HIPAA/confidentiality standards are honored; and services are provided by licensed EAP professionals.

Based on an employee population of 49,500, C-SEAP's utilization rate was 11.6% during fiscal year 2004. (1,790 employees using counseling services + 488 supervisors and managers using consultation services + 3,463 employees participating in group interventions = 5,741 total employees using C-SEAP services or 11.6% of the 49,500 employee base.) The following chart summarizes utilization by department for FY 2004:

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Overall Utilization By Department:

Department	Clinical Employees	Clinical Non-employees	Clinical Total	Non-clinical Admissions	Group Participants	Total
Agency Unspecified	16	12	28	2		30
Agriculture	5	2	7	4		11
All State Agencies					198	198
Comp. Ins. Auth.	21	4	25	1		26
Corrections	363	73	436	36	211	683
Education	30	5	35	8	22	65
Governor's Office	7		7	2	1	10
Health Care Policy	5	1	6	3	3	12
Higher Education	241	21	262	80	382	724
Human Services	350	43	393	87	320	800
Judicial	118	17	135	22	242	399
Labor & Employment	64	5	69	13	20	102
Law	33	5	38	7	1	46
Legislative Branch	4		4			4
Local Affairs	9	2	11	2	6	19
Military	1		1	1		2
Military Affairs	8	1	9	2		11
Natural Resources	53	7	60	17	45	122
Personnel & Admin.	100	29	129	59	1003	1191
Public Health & Env.	78	5	83	36	197	316
Public Safety	46	9	55	10	106	171
Regulatory Agencies	28	3	31	10	116	157
Revenue	76	8	84	38	268	390
Secretary of State	5		5	1	9	15
Transportation	129	28	157	46	311	514
Treasury				1	2	3
TOTAL	1790	280	2070	488	3463	6021

Please Note: Participants in "All State Agencies" groups may work in any of the above state agencies/departments.

Outcome Data

C-SEAP collected follow-up surveys at the termination of services from individual counseling clients, non-clinical clients (supervisors, managers, and HR professionals), and group participants during FY 2004. For individual counseling clients, the following data represents 169 responses, or 20.3%, of 832 closed cases. For non-clinical clients, the following data represents 26 responses, or 7.2%, of 363 closed cases. For group participants, the following data represents 739 responses, or 21.3%, of 3,463 total participants. Overall, feedback regarding C-SEAP services was extremely positive:

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Outcome Data

Based on a 4-point agreement scale ranging from 1-“not at all or very slightly” to 4-“greatly,” average responses from individual employees, supervisors/managers/HR professionals (non-clinical), and group participants regarding C-SEAP services are as follows:

Individual Follow-Up Survey:

Question	Average Response
1. Your participation in counseling helped you with the difficulty/concern that brought you to C-SEAP	3.80
2. The help you received from C-SEAP had a positive effect on your job performance/productivity	3.41
3. The help you received from C-SEAP will continue to be useful to you in the future	3.74
4. Your counselor was knowledgeable	3.89
5. You would recommend your counselor to a co-worker	3.91
6. You would recommend C-SEAP's services to co-workers	3.90
7. You are likely to continue treatment elsewhere	2.21
Sometimes counseling has positive effects on areas other than on what you initially identify. Using the following scale, please indicate how much you personally experienced a positive difference in each of the following areas as a result of C-SEAP's services.	
8. Your attendance at work	2.68
9. Your relationships with co-workers	3.02
10. Your personal relationships	3.39
11. Your physical health	3.09
12. Your emotional well-being	3.61
13. Your ability to handle future stress	3.54
14. Other	3.74

Non-Clinical Follow-Up Survey:

Question	Average Response
1. Overall, contact with C-SEAP resulted in useful information and ideas to handle the concern that you brought to C-SEAP	3.62
2. The help you received from C-SEAP had a positive effect on employee job performance/productivity	3.67
3. The help you received from C-SEAP will continue to be useful to you in the future	3.77
4. The C-SEAP professional was knowledgeable	3.96
5. You would recommend the same C-SEAP professional to a co-worker	3.88
6. You would recommend C-SEAP's services to co-workers	3.96
7. C-SEAP services were available when you needed them	3.87

Group Feedback Survey:

Question	Average Response
1. Overall, this C-SEAP service provided me with useful information and ideas	3.55
2. This C-SEAP service was well organized	3.64
3. The C-SEAP professional communicated effectively	3.78
4. The C-SEAP professional was knowledgeable	3.83
5. I would recommend the same C-SEAP professional to others	3.76
6. I would recommend the C-SEAP service to others	3.67
7. This C-SEAP service was available when I needed it	3.31

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Individual Follow-Up Survey (Questions 1-7): Individual C-SEAP client responses strongly show that participation in counseling was helpful in addressing the presenting difficulty/concern (3.80 average response), had a positive effect on job productivity (3.41 average response), and would continue to be helpful in the future (3.74 average response). Increased productivity translates into significant savings for Colorado state government, as every hour of lost productivity impacts the bottom line. Feedback regarding satisfaction with C-SEAP counselors was also strongly positive indicating that C-SEAP clients saw their counselors as knowledgeable (3.89) and would recommend the service to co-workers (3.90). In addition, responses showed that clients were only somewhat likely to continue counseling elsewhere upon completion of C-SEAP counseling, saving costly behavioral healthcare dollars.

Individual Follow-Up Survey (Questions 8-14): These questions were designed to identify positive impact of C-SEAP counseling on areas other than the presenting difficulty/concern. Individual client responses (between 3.0 and 4.0) indicate that, in addition to receiving help regarding the initial concern, C-SEAP intervention had a positive effect on personal/co-worker relationships, physical health, emotional well-being, and ability to handle future stress, all of which contribute to a healthy and more productive workforce. This result points out what systems theorists have always known—that there is a relationship between all human behavioral risks, and that an intervention into any one of these risks becomes an intervention into the whole.

Non-Clinical Follow-Up Survey: Supervisors, managers, and HR professionals responding to the survey indicated a strong belief (average responses between 3.62 and 3.96 to all questions) that C-SEAP counselors were knowledgeable and provided useful information/ideas, and that the help they received from C-SEAP had a positive effect on employee job performance and productivity. Respondents also indicated that the help received would continue to be useful in the future; that they would recommend the program to co-workers; and that services were available on a timely basis. Managerial

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utilization increased by 47% this year; survey responses strongly indicate that C-SEAP services add value.

Group Feedback Survey: C-SEAP group intervention respondents (primarily training attendees) strongly indicated that they had received useful information and ideas, that the C-SEAP professional was knowledgeable and communicated effectively, and that the service would be recommended to others. C-SEAP group participation increased by 37% during FY 2004. Classes and workshops were popular, and were often filled within minutes of being announced. C-SEAP offered a new workshop during FY 2004 entitled “Coping With Difficult Customers,” attended by 415 employees. This workshop offered enhanced strategies for working effectively with impatient or hostile internal or external customers. It is perhaps a sign of the times that this class was in such demand this year.

Individual and Non-Clinical Follow-Up Survey forms and a Group Feedback Survey may be found in Appendices A, B, and C of this report.

Cost/Benefit Considerations

(1) Research continues to show that Employee Assistance Programs are cost-effective. Reductions in healthcare associated with providing counseling services through EAPs have been shown in numerous studies and reports including the US Surgeon General’s Report on Mental Health (1999) and the Substance Abuse and Mental Health Services Administration report entitled “Cost-Effectiveness and Preventive Implications of Employee Assistance Programs,” by Terry Blum and Paul Roman, which examines numerous studies that consistently demonstrate the cost-effectiveness of EAPs. During FY 2004, C-SEAP asked each new counseling client the following question: “How many hours have you missed in the past month due to this issue?” In order to assure reliability, all C-SEAP employees asked the question in the same way, clearly articulating that the question was meant to ascertain hours missed specifically due to the presenting problem. The total number of reported hours lost was 9,569 (see “Summary

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of Work Hours Missed by Clinical Presenting Problem” below) for 353 employees. At an average salary of \$45,425, these missed hours translate to approximately \$208,987 ($\$45,425 \text{ divided by } 2,080 = \$21.84 \times 9,569 = \$208,987$) in lost wages prior to admission to C-SEAP. A recent Optum study (n=6,000) shows that EAP counseling helps avoid time off (13.9 hours of time off avoided per case) and improves productivity (average gain=41%). At 13.9 hours of time off avoided per case, an assumption can be made that after admission to C-SEAP, these 353 employees avoided 4,906 hours of additional time off ($13.9 \times 353 = 4,906$) saving the state approximately \$107,147 ($\$21.84 \times 4,906 = \$107,147$) in additional lost work time.

An observation regarding lost hours: “significant relationships/family issues” is the number one reason individual counseling clients initiated contact with C-SEAP during FY 2004. At the same time, clients who acknowledged missing time away from work during the month prior to contacting C-SEAP identified “significant relationships/family issues” as the number one reason for missing work—all pointing to the clear business link between personal problems and bottom line costs.

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Summary of Work Hours Missed by Clinical Presenting Problem

	All Clinical Admissions			Admissions excluding zero responses		
	Count	Sum Hrs	Avg Hrs	Count	Sum Hrs	Avg Hrs
Significant Relationships/Family Issues	570	3075	5.39	151	3075	20.36
Workplace Relationship Issues	154	1114	7.23	40	1114	27.85
Depression, Sadness, Tiredness	85	991	11.66	32	991	30.97
Job Jeopardy	36	871	24.19	22	871	39.59
Loss or Death of a Family Member or Significant Other	28	474	16.93	12	474	39.50
Worker's Compensation/Disability Issues	6	448	74.67	4	448	112.00
Anxiety, Nervousness, Worry	27	340	12.59	10	340	34.00
Alcohol or Other Drugs	25	321	12.84	11	321	29.18
Workplace Violence	28	314	11.21	6	314	52.33
Performance Management Issues	36	295	8.19	11	295	26.82
Other Work Related Issues (ex: Physical Environment)	37	276	7.46	9	276	30.67
Stress	58	230	3.97	15	230	15.33
Sex or Sexual Situations	1	190	190.00	1	190	190.00
Domestic Violence	7	124	17.71	4	124	31.00
Medical	8	110	13.75	3	110	36.67
Anger, Hostility, Bad Temper	16	84	5.25	2	84	42.00
Suicidal Ideation	9	72	8.00	3	72	24.00
Alcohol/Drug Use by Family Member or Significant Other	6	48	8.00	2	48	24.00
Other	15	42	2.80	5	42	8.40
Work/Life Issues	16	40	2.50	3	40	13.33
Workplace Harassment	3	38	12.67	2	38	19.00
Sexual Harassment	5	32	6.40	2	32	16.00
Death of a Co-Worker	1	24	24.00	1	24	24.00
Frequently Unable to Sleep	2	8	4.00	1	8	8.00
Money, any type of problem related to	7	8	1.14	1	8	8.00
Client Death	5	0	0.00	0	0	0.00
Drug Free Workplace	1	0	0.00	0	0	0.00
Homicide	3	0	0.00	0	0	0.00
Legal	1	0	0.00	0	0	0.00
Disciplinary Action	1	0	0.00	0	0	0.00
Physical	2	0	0.00	0	0	0.00
Poor Concentration and/or Attention	3	0	0.00	0	0	0.00
Sexual Identity	1	0	0.00	0	0	0.00
TOTAL	1203	9569	7.95	353	9569	27.11

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(2) According to the US Department of Labor, “for every dollar they invest in an EAP, employers generally save anywhere from \$5.00 to \$16.00.” Even a conservative 11-1 return on the state’s investment of \$435,217 would produce a net gain to the state in performance and productivity of \$4,352,170 ($\$435,217 \times 11 = \$4,787,387 - \$435,217 = \$4,352,170$). Also according to the US Department of Labor, companies save approximately \$2,200 for every employee actually seen by the EAP. Using this cost savings estimate for fiscal year 2004, C-SEAP provided direct services to 2,278 clients (excludes non-employee admissions) and saved the state over \$5 million dollars (1,790 employees using counseling services + 488 supervisors using consultation services = 2,278 employees \times \$2,200 = \$5,011,600). This estimate is extremely conservative, as it does not include the 2,523 employees that participated in group interventions.

(3) Homicide was the second leading cause of death at work in 1998. Colorado’s own Attorney General, Ken Salazar, has expressed concern about workplace violence on numerous occasions and has sponsored three Workplace Violence conferences in 2000, 2001, and 2002. Mr. Salazar reminds us that employers have an obligation to maintain a safe working environment; C-SEAP is an important part of the State of Colorado’s efforts to keep state employees and citizens safe. C-SEAP regularly intervenes in cases involving domestic violence, anger, rage, assault, harassment, conflict at work, stalking, and suicidal ideation. C-SEAP also has a Violence Reporting Policy that enables staff to report direct or indirect threats of violence against any person or persons in the workplace directly to the agency; this policy has been tested and is working well to help keep the workplace safe.

The National Institute for Occupational Safety and Health found that an average of 20 workers are murdered on the job each week in the United States, and that an estimated 1 million workers (more than 19,000 per week) are victims of nonfatal workplace assaults every year. According to the Workplace Violence Research Institute, workplace violence is estimated to cost US business and industry in excess of \$36 billion per year in increased medical and disability insurance expenses, absenteeism, turnover, legal fees and liability, reduced productivity and management time spent dealing with crises. C-SEAP has a direct impact on these costs by providing supervisor/management

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consultations regarding unstable employees, referral coordination for “fitness for duty” evaluations, workplace violence training, anger/stress management classes, counseling, workplace conflict resolution, and critical incident debriefings. These services are all designed to help employees work through anger and prevent expensive liability claims. It is estimated that Colorado State Government spends an average of \$53,648 per liability employment lawsuit and settles approximately twenty-two per year. Even if C-SEAP reduced settlements by only 10%, C-SEAP saved the state approximately \$107,296 during FY04 (2 claims/yr @ \$53,648/claim).

Examples of C-SEAP critical incident debriefings:

Shooting in Greeley (1998): C-SEAP held 10 debriefings for over 200 employees and met individually with 63 employees.

Columbine School (1999): C-SEAP conducted 11 debriefings for 175 employees in five different departments and met individually with 25 employees/families.

World Trade Center/Pentagon attacks (2001): C-SEAP conducted six debriefings in Denver and met with over 30 individual employees wishing to discuss their feelings privately. C-SEAP is still receiving calls from employees dealing with symptoms of traumatic stress in the aftermath of this tragedy.

Other Confidential Debriefings: Every year, C-SEAP is called into workplaces to provide debriefings for employees who feel traumatized by situations occurring in the workplace or affecting the workplace (e.g., accidental shootings; shootings which occur as part of an employee’s duties; accidents which involve the death or injury of an employee, a citizen, inmate, patient, or client; homicides at work; employee suicides; and employee terminations which involve violations of the law). This year, C-SEAP provided 8 trauma/crisis debriefing groups for 59 employees statewide.

(4) 70% of large US employers are concerned about rising psychiatric claims according to a survey conducted by Watson Wyatt Worldwide and the Washington Business Group on Health. The State of Colorado is no exception. The effects of mental disorders, which strike 15-18% of Americans, extend far beyond those who are in direct

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need of services. Mental disorders create a burden on our healthcare system because patients with untreated psychological disorders are heavy users of medical services, averaging twice as many visits to their doctors as patients without mental disorders. According to the American Psychological Association, 50-70% of usual visits to primary care physicians are for medical complaints that stem from psychological factors. Mental disorders also create a burden on the workplace because they are *the* health condition that most limits the ability to work. In fact, they are the third most limiting health condition in terms of performing major daily activities, preceded only by cancer and stroke. On a positive note, mental health interventions are substantially effective in improving employee productivity and employee quality of life, and in reducing the costs to the employee and the employer. Cost offset studies show a decrease in total health care costs following mental health interventions even when the cost of the intervention is included. C-SEAP is available for employees suffering from mental disorders as well as managers seeking guidance about informed and supportive ways to respond to employees who may be suffering from mental disorders. According to the National Institutes of Mental Health, among the ten leading causes of disability worldwide, four are mental disorders, and Major Depression leads the entire disabilities list. Early intervention is critical.

(5) US workers with depression cost employers \$44 billion in lost productive time, according to a recent study (released June 17, 2003) by Advance PCS Center for Work and Health. The study, "Cost of Lost Productive Work Time Due to Depressive Disorders in the US Workforce," featured in the Journal of the American Medical Association, shows that 9.4% of workers suffer from depression and lose an average of 5.6 productive hours per week in work absences and reduced performance time. Given a 40-hour workweek, 14% of a depressed worker's time is nonproductive. Translated into dollars, 14% of the average annual salary for a Colorado state employee (\$45,425) is \$6,359. C-SEAP alone assisted 222 employees who presented with symptoms of depression during FY'04. These are employees who, untreated, could have cost the state \$1,411,698 in lost productive time ($222 \times \$6,359 = \$1,411,698$). This is an extremely conservative estimate as depression is often found to be involved in multiple other

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presenting problems such as substance abuse, work related problems, inability to sleep, marital/family problems, anger problems, and poor concentration.

In a 1997 State of Maine Government Employee Health Plan Study, depressed members accounted for \$6.7 million or 14% of total medical plan costs and had higher rates of non-mental health claims in virtually every medical diagnostic category studied. Another major study led by Ron Z. Goetzl of the MEDSTAT Group, Washington, D.C., followed more than 46,000 employees of six nationwide organizations for as many as three years and found that healthcare costs for workers reporting depression were found to be 70% higher than for non-depressed workers. It is important to remember that workers who are affected by depression, stress disorders or other psychiatric disorders are often reluctant to ask for help. Employers can't necessarily ask about mental illness, but they can refer employees to their EAP. C-SEAP identifies early stages of depression (and other illnesses) and helps prevent major episodes from occurring. C-SEAP also refers serious cases of depression to other resources in order to begin treatment as early as possible and reduce costs.

(6) According to accepted EAP industry standards, one out of ten employees abuses alcohol or drugs at a cost of up to a quarter of that employee's salary in lost productivity. (25% of the average state employee salary of \$45,425 per year = \$11,356) C-SEAP provides substance abuse counseling and referral services for employees and consultation for supervisors, managers, and HR professionals regarding the impact of substance abuse on employees and the workplace. The program assisted 101 employees regarding substance abuse issues during FY'04. Without C-SEAP intervention, these employees could have cost the state up to \$1,146,956 (101 x \$11,356 = \$1,146,956) in lost productivity.

C-SEAP also provides consultation to supervisors, managers, Risk and HR professionals (organizational services) regarding the impact of substance abuse on employees and the workplace. Over 3.8% of the total number of organizational calls during FY'04 were specifically regarding employee substance abuse issues. Managers are wise to pay attention to the impact of substance abuse on the workplace. It is well known in the EAP field that substance use/abuse is associated with loss of productivity,

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absenteeism, high-risk behavior, injury, traffic fatalities, and accidents. As many as 40% of employed adults report coworker substance abuse affects their work, and, according to the National Clearinghouse for Drug/Alcohol Information, employees who use drugs/alcohol are 5 times more likely to file Worker's Compensation claims. A recent Robert Wood Johnson publication ("Substance Abuse: The Nation's Number One Health Problem," February 2001) reveals that health care costs for employees with alcohol problems are about twice those of other employees. The same publication points out that more than three-quarters of female victims of nonfatal domestic violence report that their assailants had been drinking or using drugs. Sadly enough, domestic violence continues to impact the state workforce. State employees have been both victims and assailants.

Studies show that EAPs have been successful in helping employees with drug and alcohol problems. In fact, according to the US Department of Health and Human Services, all published studies to date indicate that EAPs are cost-effective. (Case studies available upon request.) Since most adults with drug and alcohol problems are employed, and since 10% or more of most employee populations use or abuse drugs or alcohol, C-SEAP is highly committed to prevention and intervention efforts for state employees. The implementation of the federal Drug- Free Workplace Act and the state's Substance Abuse Policy have helped produce a greater awareness of both the employee's responsibilities and the consequences of noncompliance. C-SEAP offers a confidential place to explore options and find solutions, and continues to contribute to a culture that emphasizes a safe and drug-free workplace.

(7) Studies show that persistent stress accounts for about 8% of total health care costs in this country. The Goetzel MEDSTAT study involving 46,000 employees (see #5 above) showed that healthcare costs were elevated 46% for workers who felt they were under a lot of stress. In Colorado, workers' compensation stress claims cost State Government an average of \$2,965 per claim (approximately 42 claims per year). Even if C-SEAP reduced settlements during FY'04 by only 10%, C-SEAP saved the state \$11,860 (4 claims/yr @ \$2,965 each). C-SEAP handled 315 stress cases during FY 2004, up by 47 from FY 2003. Without C-SEAP, workers' compensation stress claims and increased stress-related healthcare costs would be higher, and would have an even greater

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system impact. The program provides counseling, workshops on stress, and management consultation regarding ways to reduce stress in the workplace.

(8) Presenteeism, being present at work when too distracted, tired or ill, can be triggered by stress and anxiety. World events, the state of the economy, and increased workloads have conspired to deliver an enormous blow to workforce morale and productivity. According to Mark Attridge, chair of the EAPA Research Committee and a principal in the Research and Analysis Group at Optum, “presenteeism is caused by drinking, depression, and family conflict, issues with which EAPs have proven successful in helping employees.” Kent W. Peterson, MD, is senior vice president of the Institute for Health and Productivity Management (IHPM) and president of Occupational Health Strategies. In an article written for EAPA Exchange, he writes, “A new economic model is needed in healthcare—an investment model that maximizes total returns on health benefit dollars, rather than an expense model that merely controls the amount of dollars spent. EAPs can be an integral part of this investment model of health care. A recent IHPM study report, How Workplace Culture Influences Productivity and Business Success, identifies EAPs as one of five characteristics of healthy, successful corporate cultures.” Dr. Peterson observes that EAPs play a major role in reducing unnecessary lost work time by “helping people who have statistically higher rates of absenteeism, short-term disability, and long-term disability.” Dr. Peterson states, “EAPs can influence presenteeism...EAPs are one of the few corporate functions that can help employees be more truly available to their work and their fellow employees and help coach employees to be more skillful communicators and team players and more emotionally intelligent in the workplace.”

(9) It is critical that the state retain its qualified employees. The Department of Personnel and Administration has estimated that the cost of terminating, hiring, and training a new employee is between \$6,000 and \$10,000, depending on the position (average cost: about \$8,000). Current EAP research also places this cost at \$7-\$10,000. Approximately 36% of the 1,790 employees who sought counseling/coaching assistance from C-SEAP during FY’04 (655 employees) were relatively new employees with the state of Colorado (1-5 years). It is important that the state retain these newly trained

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employees, particularly since most of the voluntary separations in the state personnel system occur in the first four years of employment (Source: DPA Workforce Report FY'03). If only one percent of these 655 employees should leave the state, with an \$8,000 price tag to fill their positions, the cost would be \$52,400. If ten percent of these employees left the state, the cost would increase to \$524,000, a substantial fiscal impact to the State of Colorado.

During FY 2004, C-SEAP asked all counseling clients the following question prior to beginning counseling/coaching: "As a result of this issue, what is the likelihood that you will quit your job in the next three months?" Of the 856 responses received, 64 said that they were "somewhat" likely to quit; 61 said they were "moderately" likely to quit; and 86 said they were "greatly" likely to quit. Follow-up surveys following C-SEAP intervention indicate that C-SEAP had a positive effect on job performance, relationships, health, emotional well-being, and ability to handle future stress, all indicators that C-SEAP was helpful in retaining these valuable employees. If the 86 employees who claimed they were "greatly" likely to quit had actually quit, replacement costs could easily have reached \$688,000 (86 X \$8,000 = \$688,000.) Given that the current state personnel system turnover rate is approximately 23.3% (including transfers), that the number of retirements in FY'04 was the highest in the past five years, and that FY'04 saw a decline in employment growth, finding ways to retain employees is indeed critical. Clearly, C-SEAP contributions, both direct and indirect, to reduce employee turnover represent another important form of savings to the State.

VI. Fiscal Year 2005: Observations and Recommendations

The following observations and recommendations may serve as a guide for C-SEAP services in FY 2005:

During FY 2004, the primary functional area of concern (Employee Assistance) identified by employees (44%) was "significant relationships/family issues." The second most common functional concern reported by employees was "workplace relationship issues" (14%). Together these two functional areas represent over half (58%) of the

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“clinical” (i.e., employee self-report of functioning) concerns being brought to C-SEAP. Additionally, intakes for Organizational Assistance (“non-clinical”) services demonstrate a similar pattern, with problems in “workplace relationships” the basis of 16% of the requests; workplace violence concerns, 8%; inappropriate expressions of anger, 7%; harassment, 8%; and inappropriate emotional expression, 5%. A reasonable inference can be made that increasing employees’ interpersonal relationship skills (dealing with anger, conflict, poor communication, etc.) would assist in addressing these issues in a proactive manner. Therefore, C-SEAP will be continuing to develop additional interventions (expanded training menus, coaching services, and others) to increase individual and organizational capabilities and strengths in these areas.

A second focus of attention will be in the area of Critical Incident Debriefing. Critical Incident Debriefing services have traditionally been provided to groups of employees following employee deaths and major changes in the work organization (layoffs, downsizings, etc.). C-SEAP was involved in eight CISD actions during FY 2004. Recent research has begun to question the effectiveness and appropriateness of traditional CISD services in a number of situations. An improved model, Group Resiliency Briefing, focuses on assisting affected individuals to utilize coping skills, rather than focusing on reviewing the incident and possible symptoms of mental health distress. This model is more consistent with recent research on patterns of response to crisis.

A third focus of attention will be coaching. Thus far, all employees at C-SEAP have benefited from training in coaching techniques. Next fiscal year, C-SEAP’s director will receive the Employee Assistance Coach-Specialist Certification, part of an ongoing effort at C-SEAP to increase the availability of coaching services. Coaching is different from counseling or consultation in that coaching is future-oriented, focuses on learning through action, and is based on the philosophy that people today need results-oriented connections due to the rapidly increasing pace of change and the desire to live purposeful lives. Coaching will not replace counseling or consultation; rather, it will provide another option for personal and professional enrichment.

Last, C-SEAP is hearing from more employees every day about the need to address eldercare issues. In response, C-SEAP is developing a comprehensive class on eldercare

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that will emphasize the balance between staying effective at work and providing care for aging parents. From an organizational point of view, there are enormous costs associated with eldercare issues spilling over to the workplace. This class will provide support, information, and resources.

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APPENDIX A

C-SEAP Service Follow-Up Survey

Updated 12/24/2002

The purpose of this survey is to help us better serve C-SEAP clients. Please take a few minutes to respond to the following items regarding the service you received from C-SEAP staff. Use the following scale to indicate the extent that you agree with the following:

Not at all or				
Very slightly	Somewhat	Moderately	Greatly	
1	2	3	4	

- | | | | | |
|---|---|---|---|---|
| 1. Your participation in counseling helped you with the difficulty/concern that brought you to C-SEAP | 1 | 2 | 3 | 4 |
| 2. The help you received from C-SEAP had a positive effect on your job performance/productivity | 1 | 2 | 3 | 4 |
| 3. The help you received from C-SEAP will continue to be useful to you in the future | 1 | 2 | 3 | 4 |
| 4. Your counselor was knowledgeable | 1 | 2 | 3 | 4 |
| 5. You would recommend your counselor to a co-worker | 1 | 2 | 3 | 4 |
| 6. You would recommend C-SEAP's services to co-workers | 1 | 2 | 3 | 4 |
| 7. You are likely to continue treatment elsewhere | 1 | 2 | 3 | 4 |

Sometimes counseling has positive affects on areas other than on what you initially identify. Using the following scale, please indicate how much you personally experienced a positive difference in each of the following areas as a result of C-SEAP's services.

- | | | | | |
|--|---|---|---|---|
| 8. Your attendance at work | 1 | 2 | 3 | 4 |
| 9. Your relationships with Co-workers | 1 | 2 | 3 | 4 |
| 10. Your personal relationships | 1 | 2 | 3 | 4 |
| 11. Your physical health | 1 | 2 | 3 | 4 |
| 12. Your emotional well-being | 1 | 2 | 3 | 4 |
| 13. Your ability to handle future stress | 1 | 2 | 3 | 4 |
| 14. Other (Please specify) _____ | 1 | 2 | 3 | 4 |

Additional Comments and Suggestions:

Thank you for taking the time to provide feedback.
Your responses will be treated confidentially and tabulated in combination with responses from other C-SEAP clients.

C-SEAP 2004 PROGRAM REPORT

APPENDIX B

C-SEAP Non-Clinical Follow-Up Survey

Updated 12/24/2002

The purpose of this survey is to help us better serve C-SEAP clients. Please take a few minutes to respond to the following items regarding the service you received from C-SEAP staff. Use the following scale to indicate the extent that you agree with the following:

Not at all or				
Very slightly	Somewhat	Moderately	Greatly	
1	2	3	4	

1. Overall, contact with C-SEAP resulted in useful information and ideas to handle the concern that you brought to C-SEAP

1	2	3	4
---	---	---	---

2. The help you received from C-SEAP had a positive effect on employee job performance/productivity

1	2	3	4
---	---	---	---

3. The help you received from C-SEAP will continue to be useful to you in the future

1	2	3	4
---	---	---	---

4. The C-SEAP professional was knowledgeable

1	2	3	4
---	---	---	---

5. You would recommend the same C-SEAP professional to a co-worker

1	2	3	4
---	---	---	---

6. You would recommend C-SEAP's services to co-workers

1	2	3	4
---	---	---	---

7. C-SEAP services were available when you needed them

1	2	3	4
---	---	---	---

Additional Comments:

Thank you for taking the time to provide feedback.
Your responses will be treated confidentially and tabulated in combination with responses from other C-SEAP clients.

C-SEAP 2004 PROGRAM REPORT

APPENDIX C

ID # _____

C-SEAP Group Feedback Survey
Updated 5/6/2003

Title _____

Date _____ Department _____

Your Gender M F

The purpose of this survey is to help us better serve C-SEAP clients. Please take a few minutes to respond to the following items regarding the service you received from C-SEAP staff. Use the scale to the right to indicate the extent that you agree with the following:

Not at all or
Very slightly Somewhat Moderately Greatly

- | | | | | |
|---|---|---|---|---|
| 1. Overall, this C-SEAP service provided me with useful information and ideas | 1 | 2 | 3 | 4 |
| 2. This C-SEAP service was well organized | 1 | 2 | 3 | 4 |
| 3. The C-SEAP professional communicated effectively | 1 | 2 | 3 | 4 |
| 4. The C-SEAP professional was knowledgeable | 1 | 2 | 3 | 4 |
| 5. I would recommend the same C-SEAP professional to others | 1 | 2 | 3 | 4 |
| 6. I would recommend this C-SEAP service to others | 1 | 2 | 3 | 4 |
| 7. This C-SEAP service was available when I needed it | 1 | 2 | 3 | 4 |

Additional Comments and Suggestions: _____

[illegible]

Thank you for taking the time to provide feedback.

Your responses will be treated confidentially and tabulated in combination with responses from other C-SEAP clients.

Please return this form to:

C-SEAP
225 East 16th Avenue
Suite 600
Denver, CO 80203-1610